# Veteran Information Form

**This form is for individuals who have answered yes to the question "Have you ever served in the U.S. Military?".**

Date: _____ Name: _____ DOB: _____

SSN (Last 4 numbers): _____ Email: _____ Phone: _____

Military Dates: Entered: _____ Released: _____ Branch of Service: _____

Discharge Type: _____ County of Career Search: _____

Have you served in an area considered a combat zone? ☐ Yes ☐ No

*A yes in this screening area is eligible for veteran employment services*

Do you have a service connected or other disability? ☐ **Yes** ☐ **No** ☐ **Medical Discharge**

*A veteran must have served at least 180 days of service and have a yes in this screening area to be veteran employment services eligible*

1. Are you a Vietnam Veteran/Served during the Vietnam Era? ☐ **Yes** ☐ **No**
2. Were you discharged from the military within the last 3 years? ☐ **Yes** ☐ **No**
3. Are you transitioning out of military service in the next year? ☐ **Yes** ☐ **No**
4. Are you experiencing or at risk of homelessness? ☐ **Yes** ☐ **No**
5. Have you been released from jail, prison, or any detention facility? ☐ **Yes** ☐ **No**
6. Are you between ages 18 and 24 years old? ☐ **Yes** ☐ **No**
7. Are you lacking a High School Diploma or GED? ☐ **Yes** ☐ **No**
8. Are you unemployed? ☐ **Yes** ☐ **No**
9. Are you the head of single-parent households containing at least one dependent child? ☐ **Yes** ☐ **No**
10. What is the PRESENT ANNUAL FAMILY household Income? **$** _____
    Number of people in your household? _____

**I am requesting employment services from a veteran employment specialist.** ☐ **Yes** ☐ **No**

I hereby certify all the statements made above are true and correct.

Signature: _____ Date: _____

**STAFF ONLY**

Referred By: _____

Workforce Case #: _____

VIF Uploaded into workforce case: ☐ Yes ☐ No

**For Criteria For Veteran Spouses/Caregivers** *Please Refer to Veteran Employment Staff for Eligibility.*

Kentucky Career Center

This form is to be used for eligibility screening for veteran employment services. The form should be returned to the client or destroyed once a digital copy is made in the case management system.

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## 2026 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

| Persons in Family/ Household | Poverty Guideline |
|---|---|
| 1 | $15,960 |
| 2 | $21,640 |
| 3 | $27,320 |
| 4 | $33,000 |
| 5 | $38,680 |
| 6 | $44,360 |
| 7 | $50,040 |
| 8 | $55,720 |
| *For families/households with more than 8 persons, add $5,680 for each additional person. | |

## NOTES